

## **HUALAPAI TRIBE REGIONAL PARTNERSHIP COUNCIL**

### **FUNDING PLAN**

**July 1, 2009 – June 30, 2012**

#### **OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION**

The Hualapai Tribe Regional Partnership Council began its strategic planning process in July 2008. The Regional Partnership Council reviewed the needs and assets of the region, taking into consideration the regional needs and assets report, input from community members, and the support of Tribal Council. From this review the Regional Council identified the regional area's priority needs to be addressed by First Things First.

#### **I. Regional Needs and Assets**

The region of the Hualapai Tribe Regional Partnership Council had a total population of 1,608 in 2006 and 126 children ages 0-5 in 2000. The region is comprised of 93 percent Native American residents, where almost half the children are being raised in a single parent household, and 19 percent of children are born to teen mothers.

A large number of children in the Hualapai Tribe region are likely to be living in poverty conditions, as the median annual income for a household in the region is less than the Federal Poverty Level for a family of four. The location of the region makes accessing services difficult for many families. The nearest hospital, major grocery store, and high school, for example, are 50 miles away in the nearest town of Kingman. The Indian Health Services Clinic is located in Peach Springs, where one physician provides general care and preventative services. Often times this leaves families with the burden of having to travel over 200 miles to the Parker Indian Hospital for services. Due to the distance of the nearest birthing center, Kingman Regional Medical Center, every pregnant woman in the region is considered to be carrying a high risk pregnancy.

In Arizona, 32 percent of Native American women are likely to deliver without any prenatal care. However, in the Hualapai region, 71 percent of the mothers received prenatal care during the first trimester, and almost all mothers received some prenatal care at some point during their pregnancy. One of the greatest assets of the Hualapai Tribe is that the Maternal Child Health program in the community worked diligently so that mothers were getting appropriate prenatal care, which is so critical to having healthy births. The Maternal Child Health Nursing program provided community outreach and home-based education for parents. The region no longer has the Maternal Child Health Nursing program that was through Indian Health Services.

An additional asset that the Maternal Child Health Nursing program brought to the community was ensuring that young children were receiving the required vaccinations. In the Hualapai Tribe region, 98 percent of children ages two months to 35 months are on schedule with their immunizations. Indian

Health Services provides the vaccination for children from birth to age five, but the community outreach and parent education piece is now missing.

The Hualapai Tribe Head Start center serves children age's three to five, and it is the only early childhood center in the region. A concern of the Regional Partnership Council is the preparation of its early childhood education teachers. Professional training and credentialing of professionals is lacking in the region. The Hualapai Tribe Head Start enrolls 65 children in four classrooms, with a total of four teachers and four teacher assistants. None of the teachers or teacher assistants has a degree nor do any of them currently have a CDA credential.

Another priority area of interest of the region that was identified by the Regional Council is the need for early developmental screenings for children under the age of five. By identifying the developmental delays in children, and providing the needed services by educated professionals, the children of the region will have a better chance of entering kindergarten ready to succeed. Through the coordination of the existing family support services, continuation of prenatal care and parent education, and enhancement of partnerships with the schools and community, the children of the region will have more opportunities for success in school and life.

The Hualapai Tribe Regional Partnership Council has prioritized the following needs to address over the next three years:

1. Parent education and access to high quality health care, specific to a child's healthy start in life.
2. Educational and professional development for the early childhood education staff to provide high quality care and education.
3. Quality child care and education for infants and toddlers.
4. Information and resources to support families with young children.

## **II. Prioritized Goals and Key Measures**

The Hualapai Tribe Regional Partnership Council has prioritized the First Things First Goals and Key Measures as follows:

**NEED:** Parent education and access to high quality health care, specific to a child's healthy start in life.

**Goal:** (#4) Collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

**Goal:** (#7) Advocate for timely and adequate services for children identified through early screening.

**Goal:** (#11) Coordinate and integrate with existing education, health and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Goal:** (#13) Lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of health and social service programs and resources for young children and their families.

**Key Measures:**

1. Total number and percentage of children receiving appropriate and timely well-child visits
2. Ratio of children referred and found eligible for early intervention
3. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being
4. Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children

**NEED:** Educational and professional development for the early childhood education staff to provide high quality care and education.

**Goal:** (#8) Build a skilled and well prepared early childhood development workforce.

**Goal:** (#1) Improve access to quality early care and education programs and settings.

**Key Measures:**

1. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
2. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

**NEED:** Quality Child Care and Education for Infants and Toddlers

**Goal:** (#3) Increase availability and affordability of early care and education settings.

**Goal:** (#1) Improve access to quality early care and education programs and settings.

**Goal:** (#15) Expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

**Key Measures:**

1. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of the total population of children birth to age five
2. Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts

**NEED:** Access to information and resources to support families with young children

**Goal:** (#11) Coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Goal: (#12)** Increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

**Key Measure:**

1. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being

### III. Strategy Selection

The foundational strategic planning of the Regional Partnership Council included the 2008 Needs and Assets Assessment, community input provided through Community Focus Surveys, and program information provided through key informant interviews. The Regional Partnership Council has focused on developing comprehensive strategies that will address multiple needs and be fitting for the families of the region.

The following strategies have been identified to address the goals and key measures and are as follows:

Need	FTF Goal	FTF Key Measures	Strategy/Service Numbers
Parent education and access to high quality health care, specific to a child's healthy start in life.	<p>Goal: (#4) Collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</p> <p>Goal: (#7) Advocate for timely and adequate services for children identified through early screening.</p> <p>Goal: (#11) Coordinate and integrate with existing education, health and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal: (#13) Lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of health and social service programs and resources for young children and their families.</p>	<ol style="list-style-type: none"> <li>1. Total number and percentage of children receiving appropriate and timely well-child visits.</li> <li>2. Ratio of children referred and found eligible for early intervention.</li> <li>3. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being.</li> <li>4. Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children.</li> </ol>	<p>Implement a comprehensive Maternal and Child Health intervention and home visitation program with outcomes of healthier pregnancies, competent parents, and improved child development and health.</p> <p>Service Numbers: 30 Families</p>

Hualapai Tribe Regional Partnership Council  
REGIONAL COUNCIL 2010 Allocation: \$32,813

Need	FTF Goal	FTF Key Measures	Strategy/Service Numbers
Educational and professional development for the early childhood education staff to provide high quality care and education.	<p>Goal: (#8) Build a skilled and well prepared early childhood development workforce.</p> <p>Goal: (#1) Improve access to quality early care and education programs and settings.</p>	<ol style="list-style-type: none"> <li>1. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development.</li> <li>2. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree.</li> </ol>	<p>Provide opportunities to increase the skills of the early childhood education staff to improve the quality of the early childhood setting.</p> <p>Expand access to T.E.A.C.H. Arizona throughout the region by funding an additional two scholarships in the region. T.E.A.C.H. stands for Teacher Education and Compensation Helps. The program serves early childhood education professionals already employed in early childhood education programs.</p> <p>Service Numbers: 2</p>
Quality Child Care and Education for Infants and Toddlers	<p>Goal: (#3) Increase the availability and affordability of early care and education settings.</p> <p>Goal: (#1) Improve access to quality early care and education programs and settings.</p> <p>Goal: (#15) Expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.</p>	<ol style="list-style-type: none"> <li>1. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of the total population of children birth to age five.</li> <li>2. Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts.</li> </ol>	<p>Conduct research to effectively advocate for a quality child care center for the Tribe and the families of the region. Seek opportunities to fund the building, start-up, and maintenance for a quality child care center.</p> <p>Service Numbers: TBD</p>

Hualapai Tribe Regional Partnership Council  
REGIONAL COUNCIL 2010 Allocation: \$32,813

Need	FTF Goal	FTF Key Measures	Strategy/Service Numbers
Access to information and resources to support families	<p>Goal: (#11) Coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.</p> <p>Goal: (#12) Increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<p>2. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being.</p>	<p>Provide additional support and education for parents of young children by expanding on the FTF Statewide Parent Kit strategy by supporting additional Arizona Parent Kits to be purchased by local programs to distribute to parents of infants and toddlers.</p> <p>Service Numbers: 60</p>

## Strategy Worksheets

**Strategy #1:** Implement a comprehensive Maternal and Child Health intervention and home visitation program with outcomes of healthier pregnancies, competent parents, and improved child development and health.

The Regional Council has developed a strategy that will implement a comprehensive intervention and home visitation program with outcomes of healthier pregnancies, competent parents, and improved child development and health. This strategy will be carried out through a Maternal Child Health Advocate and a Community Health Nurse. The Needs and Assets Assessment illuminates the positive impact that prenatal care and childhood preventative healthcare have had for the Hualapai Tribe Regional Partnership Council area. The region no longer has a dedicated Maternal Child Health Nursing program through Indian Health Services and foresees the negative impact the lack of services can have for the pregnant mothers and young children of the community.

In order to have a maximum effect on the families of the community, the Regional Council recognizes the need for a program with two components: first, a Maternal and Child Health Advocate to work with and educate families on the importance of prenatal care and early child development; second, a Community Health Nurse who is educated in pediatric care and able to provide additional health and development education to the families and perform well-child exams, which would not include direct health care, in the homes of the families who may not be able to travel for routine exams. Both positions are important to the success of the program, and would begin with the family prenatally and continue as needed or until the child turns five.

The Maternal Child Health Advocate will:

- Have experience and connections with the community.
- Coordinate with current programs and Departments to support mothers and fathers during pregnancy and in the early years of the child's life.
- Provide information and education to parents on parenting classes offered through Head Start, the Education and Training center, and the Health Department.
- Help mothers reduce and rid their use of cigarettes, alcohol and illegal drugs.
- Assist families in obtaining WIC and any other supports to educate the family on the health and nutritional needs of the child.
- Connect parents to any needed services and provide referrals when needed (i.e. prenatal care, infant care classes, substance abuse, couples counseling, faith community groups, child development training, birthing classes, hospital tours, Hualapai traditions and culture).
- For parents of newborns, educate the parents on how to utilize the information and resources in the Arizona Parent Kit they received from the hospital.
- Offer regular home visits, and provide early developmental screenings. Educate parents on the purpose and benefits of such screenings and how to share their concerns with the pediatrician or family doctor.
- Work in partnership with Head Start, child care providers, and the public school in identifying and addressing the health and developmental needs of the child.
- Coordinate with other programs to teach parents safe and consistent practices of child discipline.

- Help parents make choices about the family and friends who are involved with their child.

The Community Health Nurse will:

- Be a Registered Nurse with experience working with pregnant women and/or infants and toddlers and training in well-child health.
- Fully understand tribal culture and traditions. Apply this knowledge while assessing the physical, emotional, social and environmental needs of children.
- Coordinate high quality, comprehensive health care within the scope of her/his license and education for parents and their children.
- Coordinate comprehensive home visitation services with the Maternal Child Health Advocate.
- Provide and educate parents on how to use the immunization schedule and shot record book for their child.
- Assist parents in scheduling and attending well-baby check-ups. Provide well-child exams, which would not include direct health care, when travel would provide a hardship to the family, and coordinate with the local clinic for any follow-up care needed for the child.
- Coordinate health and medical services being provided to the family. Provide case management for the health needs, including immunizations, of the child.
- Provide follow-up for all referrals made.
- Supervise and function as a team with the Maternal Child Health Advocate.

Outreach, awareness, coordination, and trust-building are factors for success of the program, and must be included in the home visitation model. With the medical and family support persons working as a team, the program will empower parents to obtain the support they need to be effective, caring and competent parents and raise healthy children to ensure that they have every opportunity for success in school and life.

**Lead Goal: (#4)** Collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

**Goal: (#7)** Advocate for timely and adequate services for children identified through early screening.

**Goal: (#11)** Coordinate and integrate with existing education, health and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Goal: (#13)** Lead cross-system coordination efforts among state, federal and tribal organizations to improve the coordination and integration of health and social service programs and resources for young children and their families.

**Key Measures:**

- Total number and percentage of children receiving appropriate and timely well-child visits
- Ratio of children referred and found eligible for early intervention
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- Percentage of families who report they are satisfied with the level of coordination and communication among agencies serving their children

<b>Target Population (Description of the population to reach):</b>  The target population is the expecting parents and families of children ages birth to five living in the region. The region's population of children ages birth to five includes about 160 children and another 20-25 children born each year. Due to the funding limitations of the Regional Council, at this time emphasis for applying this strategy will be placed on prenatal and first time parents.			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>  July 1, 2009 - June 30, 2010	<b>SFY2011</b>  July 1, 2010 – June 30, 2011	<b>SFY2012</b>  July 1, 2011 - June 30, 2012
	30 families	30 families	30 families
<b>Performance Measures 2009-2011</b>  <ul style="list-style-type: none"> <li># and % of expectant mothers receiving regular prenatal care/ Proposed service #</li> <li># of children screened for developmental delays/ Proposed service #</li> <li># of children referred for early intervention/ Actual service #</li> </ul>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists:             <ul style="list-style-type: none"> <li>- Head Start is a comprehensive education program for children age three to five, but many children are entering the Head Start program and the public school far below expectation. This strategy would provide the education and resources for parents to support their children's brain development, the children would receive preventative health care, and developmental screenings and interventions would be better coordinated so that children are healthy and ready for success in their early learning experiences.</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment:             <ul style="list-style-type: none"> <li>- Opportunities exist to make connections between existing Tribal programs and services and to better coordinate the resources in the region.</li> <li>- Potential to partner with the local IHS clinic, Health Department, and Family Support program to support and expand this program.</li> <li>- Work in partnership with Head Start, child care providers, and the public school in identifying and addressing the health and developmental needs of the child. Work in collaboration with AzEIP to provide early intervention for children birth to age three.</li> </ul> </li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b>			
Population-based Allocation for proposed strategy	\$32,813		

	Cost to fully fund strategy: \$109,813 Discretionary Funding requested: \$77,000
<p><b>Budget Justification:</b></p> <p>The Regional Council has made this strategy the top priority to address the most pressing needs of the community's children. This strategy combines the need for a Maternal Child Health outreach, education and case management program, with the need for in-home family support, early developmental screenings, and support coordination. Recognizing the high importance, the Regional Council has allocated all of the funds toward this strategy and plans to follow through with at least the Maternal Child Health Advocate component of the strategy. The Regional Council is requesting discretionary funding in order to fully fund the strategy and to have an impact on child development and health in the region.</p> <p>Model programs estimate costs to be \$3,500 per family per year. The target service number is 30 families @ \$3,500 = \$105,000 plus training costs.</p> <p>Maternal Child Health Advocate: (\$32,813)</p> <p>Full time Maternal Child Health Advocate at \$9.00-10.00/ hour ..... \$20,800</p> <p>Employee related expenses, materials, supplies ..... \$5,824</p> <p>Travel Reimbursement (7,800 miles @ .45) ..... \$3,510</p> <p>Child Development Screening Tool costs ..... \$380</p> <p>Professional Development and Training (including early childhood development, assessment and screening, parent education curricula) ..... \$2,299</p> <p>Community Health Nurse: (\$77,000)</p> <p>Full time Community Health Nurse, including employee related costs and administrative expenses ..... \$66,250</p> <p>Travel Reimbursement (7,800 miles @ .45) ..... \$3,510</p> <p>Materials and supplies (40 children, 6 visits each @ \$21/exam)..... \$5,040</p> <p>Professional Development and Training (including early childhood health and development)..... \$2,200</p>	

Total ..... \$109,813

**Strategy #2:** Provide opportunities to increase the skills of the early childhood education staff to improve the quality of the early childhood setting.

The Regional Council has identified the need to support the professional development of the early care and education workforce. Research indicates that a caregiver's education and training directly impact the developmental outcomes of the children in their care. The Regional Council sees education and professional development as a priority in allowing the community access to quality child care choices.

The Hualapai Head Start program serves 65 children staffed by four teachers and four assistant teachers. None of the teaching staff has a degree or a CDA credential.

The T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Project awards scholarships to those in the child care workforce to complete coursework in early childhood education and to increase their compensation.

In 1990, the Child Care Services Association created the project to address the issues of under-education, poor compensation, and high turnover within the early childhood workforce. The project is an umbrella for a variety of different scholarship programs for teachers, directors, and family child care providers working in regulated child care programs in North Carolina and other States across the country. All T.E.A.C.H. scholarships link continuing education with increased compensation and require that recipients and their sponsoring child care programs share in the cost.

Funding support can cover coursework: tuition, fees, materials and supplies associated with the course and the course activities; access: travel costs (gas or transportation fare), students' own child care costs, substitute staffing; and academic support: study and class preparation time, tutorial services and advisement.

T.E.A.C.H. Arizona will be initially available to registered child care centers and family child care homes participating in *Quality First!*, Arizona's Quality Improvement Rating System.

The Regional Council recognizes and support all four Elements of the scholarship program:

- **Scholarship** - The scholarship usually covers partial costs for tuition and books or assessment fees. Many scholarships require that the recipient receive paid release time and a travel stipend.
- **Education** - In return for receiving a scholarship, each participant must complete a certain amount of education, usually in the form of college coursework, during a prescribed contract period.

- **Compensation** - At the end of their contract, after completing their educational requirement, participants are eligible to receive increased compensation in the form of a bonus (ranging from \$100 to \$700) or a raise (4% or 5%).
- **Commitment** - Participants then must honor their commitment to stay in their child care program or the field for six months to a year.

**Lead Goal:** (#8) Build a skilled and well prepared early childhood development workforce.

**Goal:** (#1) Improve access to quality early care and education programs and settings.

**Key Measures:**

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

**Target Population (Description of the population to reach):**

The Hualapai Head Start staff includes four teachers and four assistant teachers. This strategy will provide two additional T.E.A.C.H. scholarships for the Hualapai Head Start teachers and/or assistant teachers.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	2	2	2

**Performance Measures 2009-2011**

- # of professionals with degrees working in early care/ Proposed service #.
- Increase in early childhood knowledge and practice two months after completion of course/ Strategic target.
- # of college credits held by professionals/ actual service #.

- How is this strategy building on the service network that currently exists:
  - This strategy capitalizes on the First Things First Statewide T.E.A.C.H. strategy. T.E.A.C.H. is a strategy benefiting children, families and programs by education the early childhood workforce and positively impacting the quality of early care and education.
  - The statewide *Quality First!* initiative will fund one center in the region, providing an average of two T.E.A.C.H. scholarships to professionals working in that center. Additional funding to support expansion of T.E.A.C.H. will provide two additional scholarships to maximize

the opportunity for professional development and quality improvement.	
<ul style="list-style-type: none"> <li>• What are the opportunities for collaboration and alignment: <ul style="list-style-type: none"> <li>- The Statewide T.E.A.C.H. program will provide the system infrastructure to implement this strategy including an administrative home, payment system, model agreements with college/universities, and evaluation. The Regional Council's participation with the program will provide the financing for additional scholarships to meet the region's specific needs.</li> <li>- For enrolled Hualapai Tribal members who are interested in pursuing higher education, the Hualapai Higher Education Program provides scholarships to assist with the cost of attending a post-secondary institution. The program also provides financial aid counseling, course advising, scholarship search assistance, and assistance with college admissions applications. The Regional Council will collaborate to provide the T.E.A.C.H. scholarship program to those who are not enrolled tribal members.</li> </ul> </li> </ul>	
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b>	
Population-based Allocation for proposed strategy	\$0 Discretionary funding: \$4,700
<b>Budget Justification:</b>  <b>The Regional Council is requesting discretionary monies to fund two T.E.A.C.H. Scholarships, including travel costs and bonus incentives. Participants in the regional area may be required to travel 50 to 120 miles away to attend classes.</b>	
2 T.E.A.C.H. Scholarships .....	\$3,200
Travel and bonus incentives .....	\$1,500
Total .....	<b>\$4,700</b>

**Strategy #3:** Conduct research to effectively advocate for a quality child care center for the Tribe and the families of the region. Seek opportunities to fund the building, start-up, and maintenance for a quality child care center.

The Regional Council, using community knowledge, information from the Needs & Assets Assessment, and outcomes from the community focus surveys, recognizes the prevalent need in the community for quality care for children under the age of three. Currently, the community does not have access to an adequate building for a child care center for infants and toddlers. The Hualapai Tribe region is home to about 60 children under the age of three, and there are no licensed providers to care for this age group.

The Regional Council has developed a strategy to advocate for a quality child care center for the Tribe and the families of the region. The first year would be background work and building the program in preparation to service the children in the region with the highest of quality:

- Having knowledge of high quality standards, practices and procedures of high quality early childhood care and education.
- Conducting research to effectively advocate for the child care center.
- Surveying the community to obtain a better understanding of the extent of the need for an early childhood education center.

**Lead Goal:** (#3) Increase availability and affordability of early care and education settings.

**Goal:** (#1) Improve access to quality early care and education programs and settings.

**Goal:** (#15) Expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.

**Key Measures:**

- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of the total population of children birth to age five

<ul style="list-style-type: none"><li>Total funds generated from business, philanthropic, and other public and private sources to support early childhood development and health efforts</li></ul>			
<b>Target Population (Description of the population to reach):</b>  The targeted population is ultimately the families of children birth to age three. The Regional Council will first need to target the community, programs and services, and Tribal Council to support the development of an early childhood care and education center. The proposed service numbers are to be determined, as they require the initial research on the need, support and capacity.			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>  July 1, 2009 - June 30, 2010	<b>SFY2011</b>  July 1, 2010 – June 30, 2011	<b>SFY2012</b>  July 1, 2011 - June 30, 2012
	TBD	TBD	TBD
<b>Performance Measures 2009-2011</b> <ul style="list-style-type: none"><li>Amount of money received from other entities to support an early childhood education center/ strategic target</li></ul>			
<ul style="list-style-type: none"><li>How is this strategy building on the service network that currently exists:<ul style="list-style-type: none"><li>Currently, the Hualapai Head Start serves children age’s three to five, and the Hualapai Child Care program does not include any providers that are regulated or licensed to provide care. This strategy seeks to improve the current network that exists for early childhood education and care.</li></ul></li></ul>			
<ul style="list-style-type: none"><li>What are the opportunities for collaboration and alignment:<ul style="list-style-type: none"><li>A subcommittee of Regional Council members will collaborate with the existing programs, committees, and community members.</li><li>The Regional Council, along with the subcommittee members, will create a movement and support by developing informational reports to educate the community on the importance of quality early childhood education and care.</li></ul></li></ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b>			
Population-based Allocation for proposed strategy		\$0	
<b>Budget Justification:</b>  This strategy is “unfunded” for this fiscal year. The Regional Council will work with a subcommittee to research and formulate a plan to advocate to Tribal Council to develop plans for funding an early education center.			

**Strategy #4:** Provide additional support and education for parents of young children by expanding on the First Things First Statewide Parent Kit strategy by supporting additional Arizona Parent Kits to be purchased by local programs to distribute to parents of infants and toddlers.

The Parent Kit offers many benefits to children, families and programs. It provides information, education and support to families. By creating and including a local resource guide, families will have increased access to resources in the community. Families are encouraged to recognize the important role they play as their children's first teachers. First Things First has received inquiries and interest from physicians serving women and children living on some of the tribal lands. The Regional Council also recognizes the benefits of the Kits and finds it important to have the opportunity to provide the Parent Kits to parents of young children who will not receive a Parent Kit from the hospital.

The Parent Kit can be used as an educational tool during home visitation, parenting classes, or other direct services, and the program will provide parents with an orientation to the Parent Kit. The program administering the Parent Kit will be a support and source of information and referral for parents who have concerns about the development of their child. Programs will be responsible for purchasing, storage and disseminating.

**Lead Goal:** (#11) Coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

**Goal:** (#12) Increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

**Key Measures:**

<ul style="list-style-type: none"> <li>Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being</li> </ul>			
<b>Target Population (Description of the population to reach):</b>  The target population is the entire region's parents and grandparents caring for children ages birth to five, except for parents of newborns who receive a Parent Kit at the birthing hospital.			
<b>Proposed Service Numbers</b>	<b>SFY2010</b>  July 1, 2009 - June 30, 2010	<b>SFY2011</b>  July 1, 2010 – June 30, 2011	<b>SFY2012</b>  July 1, 2011 - June 30, 2012
	60	0	0
<b>Performance Measures 2009-2011</b>			
<ul style="list-style-type: none"> <li>% of families that reported satisfaction with the Parent Kit/ strategic target</li> <li>% of families showing increase in parenting knowledge after using the Parent Kit/ strategic target</li> <li>% of families with children birth through age five who report reading to their children daily in their primary language/ proposed service #</li> </ul>			
<ul style="list-style-type: none"> <li>How is this strategy building on the service network that currently exists:             <ul style="list-style-type: none"> <li>This strategy capitalizes on the First Things First Statewide Parent Kit strategy. The Parent Kit is a strategy benefiting children, families and programs by providing an educational tool that can educate and empower parents to play an important role as a nurturer and first teacher to their child.</li> </ul> </li> </ul>			
<ul style="list-style-type: none"> <li>What are the opportunities for collaboration and alignment:             <ul style="list-style-type: none"> <li>There are opportunities to make connections between existing services programs providing support for families.</li> <li>Opportunities exist for Parent Kits to be utilized by multiple programs providing home visitation, parenting classes, parent support groups, health and nutrition education, and social service supports.</li> </ul> </li> </ul>			
<b>SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)</b>			
Population-based Allocation for proposed strategy	\$0		
<b>Budget Justification:</b>  This strategy is "unfunded" as the Regional Council will take on the responsibility of promoting the Parent Kits to programs serving children in the region. Programs can purchase the parent kits by submitting a proposal to the Regional Council and demonstrating their use and their understanding of covering the entire cost of the kits (including shipping, storage, and distribution costs).			

IV. **Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)**

<b>Revenue</b>	
Population Based Allocation SFY2010	\$32,813
<b>Expenditure Plan for SFY2010 Allocation</b>	
Strategy 1- Maternal Child Health Home Visitation	\$32,813
Strategy 2- T.E.A.C.H.	\$0
Strategy 3- Research for Child Care and Education Center	\$0
Strategy 4- Parent Kits	\$0
Regional Needs & Assets (if applicable)	\$
<b>Subtotal of Expenditures</b>	\$32,813
<b>Fund Balance (undistributed regional allocation in SFY2010)*</b>	\$
<b>Grand Total (Add Subtotal and Fund Balance)</b>	\$32,813
*Provide justification for fund balance:	

V. **Building the Early Childhood System and Sustainability – Three Year Expenditure Plan: July 1, 2010 through June 30, 2012**

<b>Revenue</b>	<b>FY 2010</b>	<b>FY 2011 (estimated)</b>	<b>FY 2012 (estimated)</b>	<b>Total</b>
<b>Population Based Allocation</b>	\$32,813	\$32,813	\$32,813	\$

<b>Fund Balance (carry forward from previous SFY)</b>	N/A	\$	\$	
<b>Expenditure Plan</b>	<b>FY 2010</b>	<b>FY 2011</b>	<b>FY 2012</b>	<b>Total</b>
Strategy 1- Maternal Child Health Home Visitation	\$32,813	\$	\$	\$
Strategy 2- T.E.A.C.H.	\$0	\$	\$	\$
Strategy 3- Research for Child Care and Education Center	\$0	\$	\$	\$
Strategy 4- Parent Kits	\$0	\$	\$	\$
Regional Needs & Assets	\$	\$	\$	\$
<b>Subtotal Expenditures</b>	\$32,813	\$	\$	\$
<b>Fund Balance*</b> (undistributed regional allocation)	\$	\$	\$	
<b>Grand Total</b>	\$32,813	\$	\$	
<p>*Budget Justification: The Regional Partnership Council is asking for discretionary monies to fund the data collection and consultant costs for the 2010 Regional Needs &amp; Assets.</p> <p>Due to the regional allocation amount, and the uncertainty of the use of discretionary funds, the Regional Partnership Council will estimate an expenditure plan for Fiscal Years 2011 and 2012 after the First Things First State Board has made a decision regarding discretionary funding and after receiving feedback from the implemented strategies during Fiscal Year 2010.</p>				

## VI. Discretionary and Public/Private Funds

The Hualapai Tribe Regional Partnership Council has several prioritized needs that the Regional Council is yet unable to address with the 2010 population based allocation of \$32,813. The Regional Council has identified recommendations for discretionary funding:

1. The Regional Council is requesting \$77,000 to make an impact, and fully fund the Maternal Child Health Home Visitation Program. The Regional Council has identified this as the top priority strategy in addressing the greatest needs of the children and families in the region. The Regional Council has made the decision to go forward with the strategy, although the resources they currently have are only able to provide for the Maternal Child Health Advocate.

The Regional Council has dedicated the entirety of their allocation to fund the first component of the strategy, and discretionary funding can fully support the strategy and provide the baseline necessary to have the greatest impact on the region's young children.

2. The Regional Council is requesting an additional \$4,700 to provide T.E.A.C.H. scholarships to fully address the professional development needs of the Head Start staff and to provide higher quality early education for the children. The Head Start center is the only educational environment for the children in the regional area before they enter kindergarten. The Regional Council recognizes that the program

must have the support and resources to continuously improve quality to provide more opportunities for the children to be better prepared for school.

3. The Regional Partnership Council is asking for \$10,000 in discretionary monies to fund the data collection and consultant costs for the 2010 Regional Needs & Assets.

The Hualapai Tribe Regional Partnership Council has additionally identified “unfunded” strategies to work with community partners toward addressing two very important issues: the development of a child care center especially for the birth to three population, and providing more outreach and education for parents of young children.